

# Luzerne Intermediate Unit 18

## Outpatient Referral Form

Location: \_\_\_\_\_

### Intake Information:

Date of Referral:

Completed by:

Referral Source (Name/Agency):

### Client's Information:

Client Name:

Date of Birth:

Age:

Gender: Male Female Other \_\_\_\_\_

Child's primary language:

Parent/Guardian's Name:

Address:

Phone Number:

Email Address:

### School Information:

School Name:

Grade:

Individualized Education Plan

Section 504

Regular Education

School Contact:

Contact Number:

### Insurance Information:

Primary Insurance Provider:

Type of Plan:

Subscriber's Name:

Subscriber's Date of Birth:

ID Number:

Group Number:

Secondary Insurance Provider:

Type of Plan:

Subscriber's Name:

Subscriber's Date of Birth:

ID Number:

Group Number:

Phone Number (Customer/Member Service):

**Reason For Referral:**

Individual Therapy

Medication Management

Psychiatric Evaluation

**Specific Areas of Concern: Please check all that apply**

Easily distracted	Task refusal	Excessive absenteeism
Disrespectful behaviors	Argumentative	Sleeping in class
Attention seeking behaviors	Anger outburst	Physically aggressive
Verbally aggressive	Mood swings	Destruction of property
Rule breaking	Elopement from school	Elopement from home
Stealing	Disruptive behaviors	Depressed mood
Crying often	Isolation from others	Recent withdrawal from peers
Poor/Deteriorated hygiene	Anxious mood	Self-harming
Suicidal statements	Sudden change in mood	Bullied by others
Slipping grades	Death of family/friend	Parents divorced/separated
Out-of-home placement	Suspected substance abuse	Other:

**Please Forward Referrals to:**

Jamie Lupini

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Fax: 833-232-1698

Email: [referral@liu18.org](mailto:referral@liu18.org)